

JUAB SCHOOL DISTRICT
Application for Student Overnight and/or Extended Trip

Name of School:_____

Group requesting trip_____

Advisors 1._____2._____3._____

Number of students in group: F_____ M_____ Total_____

Supervisor/student ratio(s)_____/_____(should be 10 or less to 1)

Dates of Trip_____ School days missed_____

Mode of Transportation_____

Destination:_____

Trip objective in relation to the scope, mission, and vision of Juab School District. Any other special requests or accommodations:

Estimated cost to each student_____ Amount to be paid by school_____

Parent Meeting to Discuss Extended Out of State Trip Plans

*This portion needs to be completed only for extended out of state trips.
(To be completed by principal after parent meeting is held.)

Date_____ Time_____ Place_____

Number of students represented at the meeting by at least one parent_____

Preliminary vote through confidential ballot - if trip is an extended out of state excursion.

Number of parents approving the trip_____

Number of parents opposing the trip_____

Cost

Cost of Transportation _____

Cost of Lodging _____

Cost of Meals _____

Other Expenses: _____
Details:

Total Cost: _____

Cost per student _____

Cost per Chaperone / Supervisor _____

Total Receipts received for trip
(Donations) _____

Out of Pocket Expenses (suggested amount of \$ student brings from home)

Amount per student _____

How will the funds for the trip be raised?

SCHOOL CERTIFICATION AND APPROVAL

We have planned the above proposed trip within the District Guidelines.

Faculty Advisor Approval Date Principal Approval Date

Board Approval _____ Date _____
Superintendent Signature